University of Massachusetts Boston IMMUNIZATION FORM 2012-2013

Name:								
(Last)	(First)			(Middle Initial)				
Date of Birth:	_ Student I.D). #		Phone: ()				
Immunization Requirements a 1) all full-time undergraduate full-time and part-time health postsecondary institution whil part of a formal academic visi (Carefully read the instructions of	and all matricescience students on a student tation or exch	nts; and 3) and tor other visa ange program	y full- , inclu n. stration	time or parding foreig	rt-time gn stud	e student lents atte	attendi nding o	ng any r visiting classes as
		Required In		T. Control of the con				
VACCINE	DATE (MM/DD/YY)		DATE (MM/DD/YY)		DATE (MM/DD/YY)		E OF FRE erologic lence	Interpretation of Serologic Evidence
MMR *						Measles	/ /	
(Measles/Mumps/Rubella)	/ /	/	/ /			Mumps	/ /	
						Rubella	/ /	
Hepatitis B	/ /	1	/	1	1	1	/	
Tetanus/Diphtheria	/ /							
Tetanus/Diphtheria/Pertussis**	/ /	,	,			,		
Varicella (Chicken Pox)**	1 1	/	/			/	/	
	Imm	unizations Hi	ghly R	Recommend	led			
Meningococcal	/ /	1	1	1	1	1	/	
Human Papilomavirus	/ /	1	1	1	1			
Influenza	/ /							
*Not required if born before 1957, **Required for all full time freshmanent or TEMPOR	nan and sophor	nores, and all (College XEMI	of Nursing l	Health	Sciences'	students.	·
☐ This student is exempt from☐ This student is temporarily of				_			contrail	idication.
CERTIFICATION OF HEAL	TH CARE PI	ROVIDER (re	equire	d)				
Name	Signature			Date of Issue				
EXEMPTIONS								
☐ I affirm that the immunizations conflict with my religious believhich immunization is require Student Signature	efs. I understand d.	that I am subje	ct to ca	mpus exclusi	ion in tl	ne event of	an outb	reak of a disease for
☐ I declare that I am enrolling in document becomes void and I r	nust provide pro	of of immuniza	tion.					_
Student Signature			I	Date				

Important! Do Not Delay!

Immunization Form <u>REQUIRED</u> for all 1) all full-time undergraduate and graduate students; all matriculated full-time and part-time students, undergraduate and graduate 2) all full-time and part-time health science students; and 3) any full-time or part-time student attending any postsecondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program.

Obtaining proof of immunizations may be a time-consuming process, so start now!

IF YOU HAVE ALREADY SUBMITTED YOUR IMMUNIZATION FORM TO US, PLEASE DISREGARD THIS FORM AND DO NOT RESUBMIT

*Accurate and complete immunization information is required for registration at UMass Boston. Incomplete information may result in your registration being blocked. Please follow these directions.

Section A: Required Immunizations

- 1. MMR (Measles, Mumps, and Rubella) Two doses are required for entry into UMass Boston. (1) One must have been received at 12 months of age or later and (2) the second dose must have been received at least 30 days after the first dose.
- 2. Hepatitis B A series of three (3) doses of vaccine are required for entry into UMass Boston. The second vaccine must be 30 days after the first dose and the third dose 5 months after the second dose.
- 3. Tdap (Tetanus/Diptheria/Acellular Pertussis) —A single dose of Tdap is required for full-time freshmen & sophomores, and full- and part-time undergraduate and graduate students in a health science program who may be in contact with patients. Beginning on September 1, 2015, this requirement shall apply to all postsecondary students. Juniors, seniors, and graduate students need (1) Td within the last 10 years. We do not accept laboratory evidence of immunity for Tdap or Td. For more information go to http://www.immunize.org/vis/tdap.pdf
- 4. Varicella Two doses of live Varicella vaccine will be required for full-time freshmen & sophomores, and all full- and part-time undergraduate and graduate CNHS major. The doses must be 4 weeks apart, beginning at or after 12 months of age.
- 5. Proof of Immunity Satisfies Requirement: New alternative proofs of immunization have been added to clarify that the requirements of 105 CMR 220.600 shall not apply where:
 - a. In the case of measles, mumps, and rubella, the student presents laboratory evidence of immunity. Those born in the United States before 1957 can be considered immune to measles, mumps, and rubella, with the **exception** of CNHS students.
 - b. In the case of varicella, the student presents laboratory evidence of immunity; or a statement signed by a health care provider that the student has a reliable history of chickenpox disease; a self reported history of disease verified by a health care provider, or is born in the United States before 1980, with the **exception** of all CNHS students.

Section B: Highly Recommended Immunizations

- Meningitis Vaccine Provide documentation of Meningitis vaccination or sign that you have read the enclosed Massachusetts Department of Public Health Public Health Fact Sheet on Meningococcal Disease and College Students.
- 2. Tuberculosis Skin Test University Health Services strongly recommends tuberculosis testing for all international students and students who travel abroad. If you have not been tested within the past 1 year you may be tested at University Health Services free of charge. Please view the TB Risk Assessment Form available at http://www.umb.edu/editor_uploads/images/healthservices//TB_Screening_Questionnaire_and_Risk_Assessment.pdf

^{**} All immunizations are available at University Health Services for a nominal fee. Call University Health Services Department of General Medicine at 617-287-5660 for further information. Fax 617-287-3977.